



FUNCTION REQUIREMENTS FORM

Date of the Event:

Event Type:

Contact Person:

Phone:

Email:

Minimum attendants guaranteed:

Maximum attendants guaranteed:

Menu Option Selected:

All reservations and function requirements for private events are made upon and subject To the rules and regulations of Taranta, Boston and the following conditions:

- The menu and all other details of your event are to be finalized a minimum of 1 week prior to the date of the event. A 20% Service Charge and 5% State Sales Tax will be added to all food and beverages charges.
- Taranta requires the final guarantee of attendants three business days prior to the date of your scheduled event. If the guaranteed number is not provided the billing will be for the greater of the following: (i) the number of persons for which the function was originally booked or (ii) the number of persons in attendance.
- No food or beverages of any kind can be brought into the restaurant by Client or Attendees.
- Taranta is not to be held responsible if, through fire, flood or other emergency conditions, it is unable to fulfill this agreement.
- Taranta shall be entitled to charge a cancellation fee in the event the Client cancels this agreement after acceptance by Taranta. The fee will be based on function pricing in effect at the time written notice of cancellation is received. These amounts are dues as liquidated damages and not as a penalty

Notification of Cancellation Prior to Scheduled Function	Cancellation Fee % of Total Estimated Food and Beverage
Function Date	Revenue
0 to 7 Days	50%
8 to 30 Days	33%
61 to 90 Days	20%

Please sign this agreement and fax with a credit card deposit form.

Signature by Taranta will be regarded as acceptance by Taranta of the above reservation for the client's event.

Accepted by:

Date:

NO RESERVATION SPACE IS GUARANTEED UNTIL DEPOSIT IS MADE
FUNCTION SPACE IS BOOKED ON A FIRST COME FIRST SERVE BASIS
FAX TO 617-507-0492



CREDIT CARD AUTHORIZATION

This will authorize Taranta Restaurant to charge \$ 300.00 for a deposit for a reservation on

Date: _____, for _____ people at _____ PM/AM, to the credit card number listed bellow.

Cardholder Name:

Credit Card Type: (circle one) AMEX VISA MC Diners

Credit Card Number:

Expiration Date:

Authorized Signature:

Date:

Please fax both forms to 617-507-0492
You must submit both forms in order to guarantee a reservation
